NOAA Health Services Questionnaire

V1.0 7/95

Name:

Last First MI

Program:

Position:

Birth Date:

Work Address:

Phone: Ext:

W

H

Sex: M ☐ F ☐

HEALTH INFORMATION

General State of Health: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Presently under the care of a physician? No ☐ Yes ☐

Month/Year of last Physical Exam:

List current medications (prescription and non-prescription)

None ☐

1. **2.** **3.** **4.** **5.** **6.**

List Allergies:

None ☐

	Allergy	Reaction
1.		
2.		
3.		
4.		

List ALL active health problems:

None ☐

1. **2.** **3.** **4.**

Major Surgeries / Hospitalizations / Emergency Room Visits:

None ☐

	Year	Reason
1.		
2.		
3.		
4.		

List Any Dietary Restrictions:

None ☐

	Restriction	Reason
1.		
2.		

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GENERAL SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes
Cancer:	☐	☐	**Severe Depression:**	☐	☐
Tuberculosis:	☐	☐	**Paralysis:**	☐	☐
Asthma:	☐	☐	**Epilepsy:**	☐	☐
Hepatitis:	☐	☐	**Impaired Mobility:**	☐	☐
Chronic Cough:	☐	☐	**Severe Hearing Loss:**	☐	☐
Coughed Up Blood:	☐	☐	**Severe Visual Impairment:**	☐	☐
Recent unexplained gain or loss of 20 lbs or more:	☐	☐	**Periods of Unconsciousness:**	☐	☐
			Severe Motion Sickness:	☐	☐

Explain any YES answers above:

CARDIAC SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes	(and value if known)
Abnormal EKG:	☐	☐	**Hypertension:**	☐	☐	Recent reading: _____
Sedentary Life Style:	☐	☐	**Diabetes:**	☐	☐	HgA1C: _____
Family History oif Heart Attack before age 45:	☐	☐	**High Cholesterol:**	☐	☐	Recent reading: _____
			Tobacco Use:	☐	☐	Packs/day: _____
Heart Attack:	☐	☐	**Prolonged Chest Pain:**	☐	☐	
Shortness of Breath:	☐	☐	**Fainting spells/Syncope:**	☐	☐	

Explain any YES answers above:

Are you aware of any other medical conditions(s) that may effect your suitability for sea duty? **No** ☐ **Yes** ☐

If yes, please explain on the continuation page.

If you have any questions, please contact the appropriate Health Services Office:
Atlantic Marine Center (804) 441-6320 **Pacific Marine Center (206) 553-8704**

Is a continuation page attached? No ☐ Yes ☐

The information provided is complete to the best of my knowledge.

_____ _____

Signature Date

Forward to the following ships: Teachers - Do Not Write Below Here

1. _____ **2.** _____ **3.** _____

MEDICALLY CLEARED FOR SEA DUTY BY HISTORY **No** ☐ **Yes** ☐ **Need More Info** ☐

_____ _____

AMC/PMC Health Services Officer Date

NOAA Health Services Questionnaire

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